

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Patent Number	7,124,089
	Issue Date	10-17-2006
	First Named Inventor	Trevor Carmell
	Title	METHOD AND SYSTEM FOR RESERVING AIR CHARTER....
	Attorney Docket Number	BOMBARDIER 1

I hereby revoke all previous powers of attorney given in the above-identified patent.

<input type="checkbox"/>	A Power of Attorney is submitted herewith.										
<b>OR</b>	I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:										
<input checked="" type="checkbox"/>	31704										
<b>OR</b>	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:										
<table border="1"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Practitioner(s) Name	Registration Number								
Practitioner(s) Name	Registration Number										

Please recognize or change the correspondence address for the above-identified patent to:

<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number.				
OR				
<input type="checkbox"/> The address associated with Customer Number:	<input type="text"/>			
OR				
<input type="checkbox"/> Firm or Individual Name:				
Address				
City		State		Zip
Country				
Telephone		Email		
I am the:				
<input type="checkbox"/> Inventor, having ownership of the patent.				

1300 1987

Inventor, having ownership of the patent.  
 **QR**  
 **Patient owner**  
 **Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on \_\_\_\_\_.**

SIGNATURE of Inventor or Patent Owner			
Signature		Date	4-6 JAN 2010
Name	Pierre Laporte	Telephone	
Title and Company	SP / General, BOMBARDIER		

**NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\***

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. COMMERCIAL ORGANIZATIONS SHOULD CONTACT THE USPTO'S COMMERCIAL DIVISION, 1100 LEAVENS RD., ALEXANDRIA, VA 22314-1450.